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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/538,618			ing Date 10/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*		x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	er, the applica for small entit sheets or fract	vings exceed 100 ution size fee due ty) for each tion thereof. See 37 CFR 1.16(s).						
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(j))								
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	07/02/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 15	Minus	** 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 3	Minus	***4	= 0]	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=]	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))]					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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